

CLAIMS ONLY						Application Number	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1							51	
2							52	
3		1					53	
4							54	
5							55	
6		1					56	
7							57	
8							58	
9							59	
10							60	
11	1						61	
12		1					62	
13		1					63	
14							64	
15							65	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	